

EXECUTIVE SECRETARIAT**Routing Slip**

TO:		ACTION	INFO	DATE	INITIAL
1.	DCI				
2.	DDCI				
3.	EXDIR				
4.	D/ICS				
5.	DDI				
6.	DDA				
7.	DDO				
8.	DDS&T				
9.	Chm/NIC				
10.	GC				
11.	IG				
12.	Compt				
13.	D/EEO				
14.	D/Pers				
15.	D/OEA	✓			
16.	C/PAD/OEA				
17.	SA/IA				
18.	AO/DCI				
19.	C/IPD/OIS				
20.					
21.					
22.					
		SUSPENSE _____ Date _____			

Remarks:

ASL
 Executive Secretary
 6/8/82
 Date

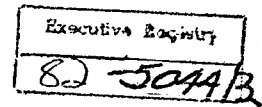
3637 (10-8-1)

LAWTON CHILES
FLORIDA

COMMITTEES:
APPROPRIATIONS
BUDGET
GOVERNMENTAL AFFAIRS
SPECIAL COMMITTEE ON AGING
DEMOCRATIC STEERING COMMITTEE

United States Senate

June 2, 1982



Mr. William Casey
Central Intelligence Agency
Washington, D.C. 20505

Dear William:

I have recently received the enclosed correspondence regarding a matter involving your agency, and because of my desire to be responsive to all inquiries, I would appreciate having your comments and views.

Your early consideration of this matter will be appreciated. If convenient, I would like to have your reply in duplicate and to have the enclosure returned.

Please refer to in your reply.

STAT

With kindest regards, I am

Most sincerely,

LAWTON CHILES

LC/cl
Enclosure

L-272

LAWTON CHILES
FLORIDA

COMMITTEES:

APPROPRIATIONS
BUDGET
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SPECIAL COMMITTEE ON AGING
DEMOCRATIC STEERING COMMITTEE

United States Senate

WASHINGTON, D.C. 20510

INFORMATION SHEET

NAME Referred To: STAT
FROM STAT
ADDRESS INITIAL CONTACT: YES NO
CITY DATE 5/19/82
TELEPHONE VISIT PHONE CALL ☒

INFORMATION:

Was in a concentration camp during WW II and saw
60 Minutes on TV Sunday regarding the Nazi war criminals
being knowingly employed by the U.S. Intelligence Agencies.
Wants something done! Feels like one of these criminals
could be the murderer of his mother.

SEE OTHER SIDE FOR SPECIFICS ON SS, VA, CIVIL SERVICE
CASES, WORKMAN'S COMPENSATION, UNEMPLOYMENT COMPENSATION.

REPLY TO: FEDERAL BUILDING, LAKELAND, FLORIDA 33801

SOCIAL SECURITY:

SS# _____ Date of Birth _____

Claim Originally Filed (Date & Place) _____

If Denied, Date & Place of Appeal _____

Reasons for Denial (Attach Info, if available) _____

If Reapplied - Date & Place _____

CIVIL SERVICE:

(1) Annuity (Retirement-Disability)

CSA# _____ Date of Birth _____

(2) Survivors Annuity:

Survivors Name _____ CSF# _____

Decedent's Full Name, CSA#, & DOB _____

(3) Retirement Contribution Refunds:

Employing Agency _____ Date of Birth _____

(4) Federal Employees Health Benefits:

CSA# _____ Date of Birth _____

RO# of Policy _____

VETERANS:

Claim# _____

Type Benefits Received (Compensation) (Ed) (Other) _____

FEDERAL WORKMEN'S COMPENSATION:

Claim# A- _____ SS# _____

Date of Injury _____

Office Where Claim Filed _____

UNEMPLOYMENT COMPENSATION:

SS# _____ Date Claim Filed _____

State _____ Local Office _____